

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

24-1268

SAP Number

Department of Public Health

Department Contract Representative
Telephone Number

Stephanie Ramos
840-587-6596

Contractor

Department of Health Care Access
and Information

Contractor Representative
Telephone Number

Baldev Grewal
916-326-3600

Contract Term

Effective Upon Execution

Original Contract Amount

Non-Financial

Amendment Amount

\$0

Total Contract Amount

\$0

Cost Center

NA

Grant Number (if applicable)

NA

Briefly describe the general nature of the contract:

Approve Limited Data Request No. CS0002741 to the Department of Health Care Access and Information, to request and receive health-related and population non-public patient level data.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, County Counsel

Date 12/05/2024

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date 12/05/2024



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Limited Data Request

Request number - CS0002741

HCAI offers several types of non-public data to licensed California Hospitals and California Local Health Departments. Eligible hospitals and local health departments may request Limited Model Data Sets for Patient Discharge Data, including Inpatient (PDD), Emergency Department (EDD), and Ambulatory Surgery Center (ASD). They may also order Patient Origin/Market Share data (PO/MS), created to assist hospitals and communities facing tremendous budgetary pressures, which makes the need to understand key operating performance issues critical. In addition, there are also Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions. This is data standardized for the Agency for Healthcare Research and Quality (AHRQ PQI.)

The Limited Data Set includes Inpatient (PDD), Emergency Department (EDD) and Ambulatory Surgery (AS) files. The contents of these files, including descriptions of the variables that they contain, are described in the Non-Public Data Documentation. A cross-referenced list of variables across multiple years is contained in the Master Variable Grid.

All documentation linked on this request form can also be found on the Limited Data Request Landing Page.

§128766 of the Health and Safety Code gives HCAI the legal authority to disclose patient-level data to hospitals, Tribal Epidemiology Centers, local health departments and local health officers, and certain federal agencies conducting a statutorily authorized activity. The law provides that the disclosure be consistent with limited data set standards and limitations under 45 CFR §164.514. Any hospital that receives data under §128766 shall not disclose the data to any person or entity except as required or permitted by the HIPAA medical privacy regulations. The hospital and its contractor(s) are prohibited from re-identifying or attempting to re-identify any information received pursuant to §128766. This form must be completed if you are requesting access to a limited data set from HCAI.

Organization Identification/Eligibility

Contact Information

Health Officer: First Name

Sharon

Health Officer: Last Name

Wang

Name of Project

SADE HCAI Data Request

Organization

San Bernardino County

Department:

Public Health

Address

451 E Vanderbilt Way, 2nd floor

City

San Bernardino

State

California

ZIP Code

92408

Health Officer Phone Number

(909)387-6218

Health Officer Email Address

sharon.wang@dph.sbcounty.gov

Additional Information

If different from above

☒ Requestor of Data

Designated Point of Contact for Data Request

Contact: First Name

David

Contact: Last Name

Pratt

Department

Public Health

Address

451 E Vanderbilt Way, 2nd floor

City

San Bernardino

State

California

ZIP Code

92408

Phone number

(909)893-0000

Email Address

david.pratt@dph.sbcounty.gov

Purpose**Please indicate the purpose for which the data are requested**

Data used for research purposes will require a Research Supplement to be attached before the form is submitted.

☒ Public Health ☐ Research

Please describe the specific limited purposes for which the data is requested

Surveillance of admissions and diagnosis hospitalizations data for use within the San Bernardino County Department of Public Health- Spatial Analytics, Data, and Epidemiology Unit.

Please explain how the data meets the stated purpose noted above

The HCAI limited dataset includes hospitalization admission and diagnosis data which may be used to produce descriptive statistics for health program planning and development within the San Bernardino County Department of Public Health- Spatial Analytics, Data, and Epidemiology Unit.

Receipt and Use of Data**Data Users Within Organization**

San Bernardino County Department of Public Health- Spatial Analytics, Data, and Epidemiology Unit. - Lap Le, DrPH - Data Manager

San Bernardino County Department of Public Health- Spatial Analytics, Data, and Epidemiology Unit. - David Pratt, MPH - Public Health Epidemiologist

Will this data be released outside of the organization?

No

Requested Data and Data Products**Indicate the database(s) and/or product(s) and year(s) of data you are requesting**

Please Note: *Non-patient level data products developed using Limited Data Set confidential data are also available. Although these products are not patient level data, they are not de-identified and the requester must agree to treat the information they contain as Protected Health Information (PHI).*

☒ Patient Discharge Data (PDD)

Desired PDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found

here.

☒ Model Data Set (MDS) ☐ Custom Data Set

PDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2014,2015,2016,2017,2018,2019,2020,2021,2022,2023

☒ Emergency Department Data (EDD)

Desired EDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

☒ Model Data Set (MDS) ☐ Custom Data Set

EDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2014,2015,2016,2017,2018,2019,2020,2021,2022,2023

☐ Ambulatory Surgery Data (ASD)

☐ Additional Products (PO/MS, AHRQ)

Statewide or Geographic Subset of Data Set(s) or Products

Please select the subset of data you are requesting

☐ Statewide Data Sets ☒ Geographic Subset Data Set or Product by county(-ies) or ZIP Code(s)

Describe and explain the set of Geographic Subset Data you are requesting

Geographic subset categories requested: 1) San Bernardino County 2) Zip code of residence (within San Bernardino County): 92301 92304 92305 92307 92308 92309 92310 92311 92312 92313 92314 92315 92316 92317 92318 92320 92321 92322 92323 92324 92325 92326 92327 92328 92329 92331 92332 92333 92334 92335 92336 92337 92338 92339 92340 92341 92342 92344 92345 92346 92347 92350 92352 92354 92356 92357 92358 92359 92363 92364 92365 92366 92368 92369 92371 92372 92373 92374 92375 92376 92377 92378 92382 92385 92386 92389 92391 92392 92393 92394 92395 92397 92398 92399 92401 92402 92403 92404 92405 92406 92407 92408 92410 92411 92414 92413 92414 92415 92418 92423 92427 93562 93592

Desired Data Set Format(s)

Indicate the format you prefer for your Data Set

☒ SAS (PROC Format Code Included) ☐ Comma Delimited with Labels ☐ Comma Delimited

Final Products

Will the requested data be used in any of the following ways?

☒ Geographic Information System (GIS)

Describe how this data will be used in relation to GIS

Data may be used within the San Bernardino County Department of Public Health- Spatial Analytics, Data, and Epidemiology Unit, ArcGIS Online Data Dashboards.

Combination/merge/coordination with other data set(s) or databases

☐ Combination/merge/coordination with other data set(s) or databases

Linked patient-level information

☐ Describe the method for linking patient-level data across years/datasets

What final product(s) will be developed from this project?

Please Note: Patient-level data cannot be contained in any product that is distributed beyond the requestor.

The San Bernardino County Department of Public Health (SBC DPH), Spatial Analytics, Data, and Epidemiology (SADE) unit will utilize the HCAI dataset to present prevalence indicator data within public health presentations (needs assessments and reports, and data dashboards) to include descriptive statistics and trend analysis.

Describe how you will treat small cells to avoid identifying individuals

SBCDPH SADE follows California Department of Health Care Services Data De-Identification Guidelines for statistical de-identification, including the numerator-denominator condition to avoid identifying individuals. More specifically, the Numerator Condition sets a lower limit for the cell size of cells displayed in a table. The DDG has set this limit as any value representing aggregated or summarized records which are derived from less than 11 individuals (clients). Accordingly, SBCDPH SADE will not produce or display HCAI data at the county or zip code level where the raw value or numerator within a rate calculation is less than 11 individuals. (Note: The Denominator Condition sets a minimum value for the denominator. The DDG has identified the lower limit for the denominator to be a minimum value of 20,000. SBCDPH SADE may produce rate calculations at the county and/or zip code level where the denominator is less than 20,000).

Data Security**Requesting Department**

See the Appendix Security Guidelines Recommended Practices for Safeguarding Access to Confidential Data. These guidelines are an example of the information needed in the security sections below. Please be very specific about the data security.

Describe the security measures under which you propose to use, maintain, and store the requested data. Address each of the main categories below.

System on which the data will reside (Standalone computer, host-based, networked, etc.)

San Bernardino County Department of Public Health data secure network drive.

Hardware/Software (Antivirus, anti-spyware, firewall, etc.) on department systems

San Bernardino County Department of Public Health has antivirus software installed on each computer and server machines in our environment. We utilize endpoint detection on each of these devices to detect malware/viruses and have protocols in place to resolve these issues. Network security is in place that includes firewalls, network filtering, and patching of software/applications.

Access Controls (password requirements and safeguards, VPN use, WiFi use, file sharing, logs, etc.)

San Bernardino County Department of Public Health follows HIPAA compliance through password complexity, password reset time frame, and unique passwords for each staff member. We only allow employees to access our environment locally or remotely using VPN. We require each staff member to setup Multi-Factor Authentication (MFA) to add a secondary form of verification on each account. We have security groups in place to restrict access to only allow necessary access to data based on job requirements. We utilize enterprise grade SIEM to monitor logs and detect any anomalies. Our WIFI utilizes standard security

requirements and separate VLANs for segregation of traffic.

Physical Environment (monitor position, printer location, screen saver, etc.)

San Bernardino County Department of Public Health SADE unit data users maintain a physical environment in accordance with SBCDPH standard procedures which adhere to county data protection and accessibility standards.

Data Storage (e.g. removable media storage, hard drive encryption, backups of data, etc.)

San Bernardino County Department of Public Health data storage is encrypted, whether it be on a removable media storage or endpoint storage media. Our backups are also encrypted and backed up daily to multiple sites.

Encryption used on data storage drives

San Bernardino County Department of Public Health uses the standard AES 256 encryption algorithm.

Additional Notes

Please provide any additional notes you may have

Acknowledgments and Signatures

SW Under HIPAA, limited data sets are Personal Health Information (PHI).

SW The HIPAA Medical Privacy Rule applies to all limited data sets that I receive under this application.

SW I agree to protect all nonpublic data products received from HCAI, even if they do not contain patient level data, and to treat these products as PHI.

SW Any data I receive pursuant to this request will be maintained in a secure environment.

SW If applying for data to use within an ACE, I certify that the applicant is an ACE.

Sharon Wang, DO

Name of Health Officer (printed)



Signature of Health Officer

3/19/2025

Date



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Department of Public Health

Contact Name: Dominic Correra Telephone: (909) 665-2647

Agreement No.: 24-1268 Amendment No.: _____ Date of Board Item 12/17/24 Board Item No.: 72

Name of Contract Entity/Project Name: HCAI Data Use Agreement and Limited Data Request

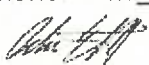

Explanation of request/Special Instructions:

The California Department of Health Care Access and Information (HCAI) provides nonpublic data to local health departments for conducting authorized research to inform and develop strategies to improve community health. The Data Use Agreement and Limited Data Request require the signature of the County Health Officer, Dr. Sharon Wang.

The HCAI limited dataset includes hospitalization admission and diagnosis data which may be used for health program planning and development by the Department of Public Health (DPH) Spatial Analytics, Data, and Epidemiology Unit (SADE) and Maternal, Child, and Adolescent Health Program (MCAH) to monitor and track the health of women, infants, children, and families. Expected products include needs assessments, reports, and data dashboards.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Adam Ebright	Date Sent: 3/3/25
Reviewing County Counsel Use Only	Review Date <u>03/03/2025</u>  Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>3/17/2025</u>  Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____Chair ____CEO <input checked="" type="checkbox"/> Department ____Return to Department for preparation of agenda item